State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Scott McCallum, *Governor*
Connie L. O'Connell, *Commissioner*

Wisconsin.gov

121 East Wilson Street • P.O. Box 7873
Madison, Wisconsin 53707-7873
Phone: (608) 266-3585 • Fax: (608) 266-9935
E-Mail: information@oci.state.wi.us
http://badger.state.wi.us/agencies/oci/oci_home.htm

TO: All Property and Casualty Insurers Writing Product
        Liability Insurance in the State of Wisconsin

FROM: Connie L. O'Connell
        Commissioner of Insurance

SUBJECT: Reporting Forms for Product Liability Insurance

Attached you will find the reporting forms and instructions for the annual report of product liability insurance data—forms OCI 26-053, Parts I and II and OCI 26-054. These forms are due in our office **May 1, 2002**.

Each year, in accordance with s. 601.425, Wis. Stat., our office is required to collect data from insurers who write product liability insurance in this state. All insurers who have written more than $50,000 in product liability insurance premiums in Wisconsin in any year since 1991 are required to file these forms. The columns pertaining to the years preceding the first year that this threshold is met should not be completed. Information pertaining to the first year that the threshold is met and all years following the first year must continue to be filed even if the insurer's premium drops below the threshold.

Form OCI 26-053 Part I requests information on an update basis for each of the policy years 1991 through 1999. That is, only transactions, which occurred during the calendar year 2001, are to be reported on this form. This office accumulates the data for each policy year.

Form OCI 26-053 Part II requests information for policy year 2000. Since this is the first year that policy year 1999 is being reported, information is requested for both calendar year 2000 and 2001.

Form OCI 26-054 requests investment and expense information for the calendar year 2001.

Insurers who do not meet the premium threshold are not required to return the forms.

Please send the reporting forms directly to Laura Iliff. **Do not fax the forms to our office.** You may request additional time for mailing by calling Ms. Iliff.

If you have any questions, please feel to call Laura Iliff at (608) 266-3060 or e-mail at laura.iliff@oci.state.wi.us.

Attachments

INSTRUCTIONS FOR PRODUCT LIABILITY INSURANCE REPORTING
FORM OCI 26-053

The information requested on forms OCI 26-053, Part I, and OCI 26-053, Part II, is to be reported on a **policy year** basis. Note that form OCI 26-053, Part II, applies to policy year 2000 and form OCI 26-053, Part I, applies to policy years 1991-99. Record the requested data for each of the policy years listed across the top of form OCI 26-053, Part I. The information to be reported is for policies covering insureds located in Wisconsin.

Affiliated insurers may report information on a pooled or an individual insurer basis. If any member of a pool exceeds the $50,000 premium threshold, all of the experience of members of the pool must be reported when pooled reporting is used. If your company wrote less than $50,000 premium for all policy years, you are not required to return the forms.

OTHER INSURANCE EXCLUDED

If product liability insurance coverage is part of a package that includes premises and operations insurance or any other insurance, only information relating to the product liability insurance portion of the coverage shall be included in this report—s. 601.425 (3), Wis. Stat.

PLEASE ROUND ALL DOLLAR AMOUNTS TO THE NEAREST WHOLE DOLLAR.

Line 1 Enter the total number of product liability policies written for policy year 2000 (Part II only).

Line 2 Enter the total dollar amount of premiums earned on product liability coverage for policy year 2000.

Line 3 Enter the number of open product liability claims as of the end of 2001 for each policy year specified.

Line 4 Enter the amount of direct case reserves established for open claims as of the end of 2001 for each policy year specified.

Line 5 Enter the total dollar amount of product liability reserves established as of the end of 2001 for all incurred but not reported claims for each policy year specified.

Line 6 Enter the total dollar amount paid out in product liability claims reported during 2001 for each policy year specified.

Line 7 Enter the total number of product liability claims reported during 2001 for each policy year specified.

Line 8 Enter the total number of product liability claims closed without payment during 2001 for each policy year specified.

Line 9 Enter the total number of product liability claims closed without payment during 2001 for each policy year specified.

Line 10 Enter the total number of legal actions filed during 2001 for each policy year specified.

Line 11 Enter the total number of verdicts or judgments for defendants during 2001 for each policy year specified.

Line 12 Enter the total number of verdicts or judgments for plaintiffs during 2001 for each policy year specified.

Line 13 Enter the total amount awarded plaintiffs during 2001 for each policy year specified.

PLEASE NOTE THAT PART II OF THIS FORM SPLITS POLICY YEAR 2000 INTO ITS TWO COMPONENT CALENDAR YEARS.

Contact
Person   Print the name and phone number of the person responsible for this filing.

Please send the reporting forms directly to Laura Iliff at the address in the upper right corner of the forms.

PRODUCT LIABILITY INSURANCE REPORT PART I

Ref: Section 601.42, Wis. Stat.

TO FILL OUT FORM, SEE ATTACHED INSTRUCTIONS

State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Company Name

POLICY YEAR BASIS FOR POLICIES COVERING INSUREDS LOCATED IN WISCONSIN
CALENDAR YEAR ENDING 2001

POLICY YEAR	1991	1992	1993	1994	1995	1996	1997	1998	1999
1. Number of policies written	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
2. Total dollar amount of direct premiums earned	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
3. Number of open claims									
4. Direct case reserves for open claims									
5. Reserves for claims incurred but not reported									
6. Amount paid in product liability claims									
7. Number of claims reported									
8. Number of claims closed without payment									
9. Number of claims closed with payment									
10. Number of legal actions filed									
11. Number of verdicts or judgments for defendants									
12. Number of verdicts or judgments for plaintiffs									
13. Amount awarded to plaintiffs									

Prepared By (please print)	Phone Number
	( )

OCI 26-053 (R 10/2001)

PRODUCT LIABILITY INSURANCE REPORT PART II

Ref: Section 601.425, Wis. Stat.

TO FILL OUT FORM, SEE ATTACHED INSTRUCTIONS.

State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Company Name

POLICY YEAR BASIS FOR POLICIES COVERING INSUREDS LOCATED IN WISCONSIN
POLICY YEAR 2000

	CY 2000	CY 2001	Totals for PY 2000
1. Number of policies written	XXXXXXXX	XXXXXXXX	
2. Total dollar amount of direct premiums earned	XXXXXXXX	XXXXXXXX	
3. Number of open claims	XXXXXXXX		XXXXXXXX
4. Direct case reserves for open claims	XXXXXXXX		XXXXXXXX
5. Reserves for claims incurred but not reported	XXXXXXXX		XXXXXXXX
6. Amount paid in product liability claims			
7. Number of claims reported			
8. Number of claims closed without payment			
9. Number of claims closed with payment			
10. Number of legal actions filed			
11. Number of verdicts or judgments for defendants			
12. Number of verdicts or judgments for plaintiffs			
13. Amount awarded to plaintiffs			

Prepared By (please print)	Phone Number
	( )

OCI 26-053 (R 10/2001)

PRODUCT LIABILITY INSURANCE REPORT

Ref: Section 601.425, Wis. Stat.

TO FILL OUT FORM, SEE ATTACHED INSTRUCTIONS.

Company Name

CALENDAR YEAR BASIS FOR POLICIES COVERING INSUREDS LOCATED IN WISCONSIN

	2001
1. Investment gain or loss allocated to product liability	
2. Incurred loss adjustment expense attributable to product liability	
3. All other incurred expenses attributable to product liability	

Prepared By (please print)	Phone Number
	( )

OCI 26-054 (R 10/2001)